

**MASSACHUSETTS DEPARTMENT OF HIGHWAYS**  
**APPLICATION FOR PREQUALIFICATION**

In accordance with Massachusetts General Laws Chapter 29, §8B, the undersigned offers the following information as evidence of his/her qualifications to perform the work to be bid upon according to all the requirements of the plans and specifications of the Massachusetts Department of Highways:

1. Name of Contractor \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

2. Social Security Number or Federal Identification Number \_\_\_\_\_ 3. Telephone no. (\_\_\_\_) \_\_\_\_\_  
Fax no. (\_\_\_\_) \_\_\_\_\_

4. Please place a check next to each class of work for which you are experienced and request Prequalification.

**CLASS OF WORK**

Asbestos Removal _____	Landscaping & Roadside Development _____
Bridge Construction _____	Lighting Electrical _____
Catch Basin Cleaning _____	Marine Construction _____
Chemical Storage Sheds _____	Mowing & Spraying _____
Crack Sealing _____	Painting (Structural) _____
Demolition _____	Pavement Marking _____
Drawbridge Maintenance _____	Processing, Recycling & Transportation _____ of Excavated Soils
Drilling & Boring _____	Reclamation _____
Intelligent Transportation _____	Sewer & Water _____
Systems _____	
Guard Rail & Fencing _____	Structural Signing _____
Hazardous Waste Remediation _____	Surfacing _____
Highway Construction _____	Traffic Signals _____
Highway Maintenance _____	Tunnels _____
Highway Sweeping _____	Underground Tank Removal & Replacement _____
Impact Attenuators _____	Utilities _____

5. If a Corporation:

Incorporated in what state: \_\_\_\_\_

(If outside of Massachusetts, Please see number 6)

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

**CSD 090 - REV 01/98**

6. CERTIFICATE OF GOOD STANDING WITH THE SEAL: (THIS CAN BE OBTAINED BY CALLING (617) 727-9640 or 727-2850) In accordance with M.G.L. c. 30 §39L, corporations incorporated outside the Commonwealth of Massachusetts must attach a certificate from the Secretary of State of Massachusetts, stating that the corporation has complied with M.G.L. c. 181, §§3 and 5, and the date of such compliance.

7. If a Partnership: (name all partners)

Name of partner: \_\_\_\_\_

Residence: \_\_\_\_\_

Name of partner: \_\_\_\_\_

Residence: \_\_\_\_\_

Name of partner: \_\_\_\_\_

Residence: \_\_\_\_\_

8. If an Individual doing business under a firm name:

Name of firm: \_\_\_\_\_

Name of individual: \_\_\_\_\_

Business address: \_\_\_\_\_

Residence: \_\_\_\_\_

9. If prequalifying as a Joint Venture: (name of each company)

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Additional requirements for those who wish to bid as a Joint Venture with another company:

- a. Each company must be prequalified with the Massachusetts Department of Highways.
- b. Submission of a notarized letter signed by an officer of each company authorizing one individual to sign the Bid Proposal Documents and Request for Proposal Form on behalf of the Joint Venture.
- c. A certified copy of Power of Attorney from each joint venture partner.

10. Other form of business organization: \_\_\_\_\_

11. Surety Company which will furnish bonds:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

12. Attach a letter from Surety Company stating the Contractor's Aggregate Bonding Capacity and Single Contract Limit . (Power-of-Attorney or Attorney-in-Fact must be attached to letter.) 720 CMR 5.02(8)

13. Largest Performance and Payment Bond amount ever furnished by the Contractor to an Awarding Authority or Owner.

BONDAMOUNT: \_\_\_\_\_

PROJECT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CLASS OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_

OWNER'S REP.: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_

A/E CONTACT PERSON: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

14. Bank Reference \_\_\_\_\_

15. Have been in business under present name for \_\_\_\_\_ years.

16. List three or more of your firm's recent projects similar in character for each class of work checked in item number four (4) above. Please provide a thorough description of the class of work. (Attach additional sheets if necessary.)

PROJECT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
CLASS OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_  
OWNER'S REP. \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
ARCHITECT/ENGINEER: \_\_\_\_\_  
A/E CONTACT PERSON: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
CONTRACT AMOUNT: \$ \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
CLASS OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_  
OWNER'S REP. \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
ARCHITECT /ENGINEER: \_\_\_\_\_  
A/E CONTACT PERSON: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
CONTRACT AMOUNT: \$ \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
CLASS OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_  
OWNER'S REP. \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
ARCHITECT /ENGINEER: \_\_\_\_\_  
A/E CONTACT PERSON: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
CONTRACT AMOUNT: \$ \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

17. The Contractor may provide additional information such as resumes of principals or key personnel, letters of recommendation, a statement by a certified public accountant or any other information demonstrative of the Contractor's experience, skill, ability and integrity. Attach to this application.

18. Ever failed to complete any work awarded? ☐ YES. ☐ NO.  
If YES, please provide the following information for each project you have failed to complete:

PROJECT: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
CLASS OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_  
OWNER'S REP.: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
ARCHITECT /ENGINEER: \_\_\_\_\_  
A/E CONTACT PERSON: \_\_\_\_\_ TEL.(\_\_\_\_) \_\_\_\_\_  
CONTRACT AMOUNT: \$ \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

18. Continued

REASON FOR FAILURE TO COMPLETE:

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(You may attach additional sheets if necessary.)

19. Is the undersigned able to furnish labor that can work in harmony with all other elements of labor employed or to be employed on the work? ☐ YES. ☐ NO. If NO, attach full explanation.
20. Is the undersigned presently debarred from doing public construction work in the Commonwealth under the provisions of Section 29F of Chapter 29, or any other applicable debarment provisions of any other Chapter of the Massachusetts General Laws or any rule or regulation promulgated thereunder. ☐ YES. ☐ NO. If YES, attach a copy of the debarment and a full explanation.
21. Is the undersigned debarred from performing work of any kind by any state other than the Commonwealth of Massachusetts or any Federal agency or authority? ☐ YES. ☐ NO. If YES, attach a copy of the debarment and a full explanation.
22. List the following for the past three years:

(a) All criminal litigation in which the Contractor or any partner or officer of the Contractor was a defendant.

(b) Any civil, criminal or administrative proceedings involving public contracts, safety, environmental laws, or regulations including those of OSHA, EPA, DEP or any similar agency of any state. (c) Any civil, criminal or administrative proceedings involving payment of minimum wage or state or federal prevailing wages, affirmative action or equal opportunity regulations or contract provisions. (d) Any deaths of employees or others occurring in connection with any project. (e) Any injuries suffered by employees or others occurring in connection with any project and resulting in complete disability in excess of thirty working days.

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(Attach additional sheets if necessary.)

- | Make, Model, Year and Type | Serial No. | Size or Capacity |
|----------------------------|------------|------------------|
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Serial No.

### Size or Capacity

[illegible]

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24. The Prequalification Committee reserves the right to request at any time additional information regarding the Contractor's experience, equipment, safety record or procedures, bonding capacity, financial status, completed projects, work currently under contract, and any and all information pertinent to the Contractor's skill, ability and integrity to perform work for the Department.

**The undersigned, on behalf of the Contractor, hereby certifies the foregoing information to be true and complete, under the pains and penalties of perjury. The undersigned further certifies, under the pains and penalties of perjury, that he or she is authorized to sign this application on behalf of the Contractor.**

\_\_\_\_\_  
Company Name (Print or Type)

By \_\_\_\_\_ Date: \_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Print Name and Title

**MAIL THIS APPLICATION TO:**

**COMMONWEALTH OF MASSACHUSETTS  
MASSACHUSETTS DEPARTMENT of HIGHWAYS  
PREQUALIFICATION AND CONTRACT OFFICE  
10 PARK PLAZA, ROOM #6260  
BOSTON, MASSACHUSETTS 02116-3973**